

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004389

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 327

STATE FILE NUMBER

**FILED FEB 13 1963**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lemay</b>		c. CITY OR TOWN <b>Lemay</b>	
Length of stay in 1b <b>43 Days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mt. St. Rose Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>3705 Paule</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>--</b> Last <b>Bosch</b>			4. DATE OF DEATH Month <b>January</b> Day <b>28</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-2-1890</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Leather Worker - Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Leather Repairs</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
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13a. FATHER'S NAME <b>Henry Bosch</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Cost</b>	14. NAME OF HUSBAND OR WIFE <b>Anna</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT <b>Ethel Sadowski</b> Address <b>3707 Paule ave.</b>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion acute</b> DUE TO (b) <b>Her arteriosclerosis</b> DUE TO (c) <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>[REDACTED]</b> COUNTY <b>[REDACTED]</b> STATE <b>[REDACTED]</b>
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21. I attended the deceased from <b>1950</b> to <b>1/28/63</b> and last saw her alive on <b>1/29/63</b> Death occurred at <b>5.25 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>[Signature]</b> (Degree or title)	22b. ADDRESS <b>3915 Watron</b>	22c. DATE SIGNED <b>1/29/63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 31, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer Cemetery</b>	23d. LOCATION (City, town, or county) <b>McKenzie Rd. Affton, Mo.</b> (State)
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24. FUNERAL DIRECTOR <b>C. Hoffmeister Mortuaries</b> ADDRESS <b>7814 S. Broadway</b>	25. DATE RECD. BY LOCAL REG. <b>1-29-63</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1 4000  
2 4000  
3  
4 0  
5 2  
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7 0  
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9 4201  
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12 42-0  
13

JAN 17 1961

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Dennehy

Licensed Embalmer No. 4194

P. O. Address St. Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Mr. Maclean Rogers 3915 Watern Mill 7-4221